2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 752807

1. Entity Name
NATIONAL CONFERENCE OF PUERTO RICAN WOMEN, INC.

Principal Place of Business	Mailing Address
1400 SALZEDO ST #401 CORAL GABLES, FL 33134 US	1400 SALZEDO ST #401 CORAL GABLES, FL 33134 US

02242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2798643
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAURA ROSAS
13993 SW 94TH CIRCLE
APT. 3-102
MIAMI, FL 33186

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMOS, YVONNE
STREET ADDRESS	8425 SW163 TERR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP
NAME	PHILLIPS, IRMA
STREET ADDRESS	7655 NW 19 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	SD
NAME	MORALES, LYDIA
STREET ADDRESS	521 SW 42 AVE #102
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	TD
NAME	VENEGAS, NORAH
STREET ADDRESS	1400 SALZEDO ST #401
CITY-ST-ZIP	CORAL GABLES, FL 22134
TITLE	ST
NAME	PEDROGO, CARMEN
STREET ADDRESS	2814 OAKLEIGH LN
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000501199
04/25/06-80052-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Pedrogo - CARMEN PEDROGO 4/6/06 954-473-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #